

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Oxygen Providers
Inhalation/Respiratory Therapists
Pharmacists
Home Health Agencies
Managed Care Organizations

Memorandum No: 07-84
Issued: December 24, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Oxygen Program: Fee Schedule and Coverage Table Changes

Effective for dates of service on and after January 1, 2008, HRSA is:

- Replacing procedure codes K0553, K0554, and K0555 with procedure codes A7027, A7028, and A7029;
- Updating the Oxygen Fee Schedule and the Coverage Table to reflect these changes; and
- Deleting the “Justification for use of 7999E Miscellaneous Procedure Code” form found in the current *Oxygen Program Billing Instructions*.

Fee Schedule

You may view the updated Oxygen and Respiratory Therapy Fee Schedule at <http://maa.dshs.wa.gov/RBRVS/Index.html>.

Change in Form Usage

HRSA has deleted the “Justification for use of 7999E Miscellaneous Procedure Code” form found in the current *Oxygen Program Billing Instructions*. **Pages J.3 and J.4 have been deleted.** For requests, use the “Oxygen and Respiratory Authorization” form (DSHS 15-298). To **view and download** DSHS forms, visit DSHS Forms and Records Management Service on the web: <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

Billing Instructions Replacement Pages

Attached are replacement pages i-ii and E.7-E.10 of HRSA’s *Oxygen Program Billing Instructions* which include the code changes discussed in this memorandum.

Contact Information

Send reimbursement rate issues, questions, or comments to:

Oxygen and Respiratory Rates Manager
Professional Reimbursement Section
Division of Rates and Finance Development
PO Box 45510
Olympia, WA 98504-5510
360.725.1845
Fax # 360.753.9152

Send authorization issues, questions, or comments to:

Oxygen and Respiratory Policy Manager
Division of Medical Benefits and Clinical
Review
PO Box 45506
Olympia WA 98504-5506
360.725.1577
Fax # 360.586.1471

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

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Miscellaneous Oxygen-Related Durable Medical Equipment (DME)

Does HRSA cover oxygen-related DME not specifically addressed in the Fee Schedule?

HRSA does cover some oxygen-related DME after medical review. When submitting your claim for miscellaneous oxygen-related DME, you must also fax supporting documentation to:

**HRSA
Oxygen Services
360.586.1471**

For requests, use the “Oxygen and Respiratory Authorization” form (DSHS 15-298).

To **view and download** DSHS forms, visit DSHS Forms and Records Management Service on the web: <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

Oxygen Coverage Table

Do Not Bill With: Any procedure code listed in the “Do Not Bill With” column of the fee schedule is **AT NO TIME** allowed in combination with the primary code located in the “HCPCS Code” column.

Maximum Allowance: Rentals are calculated on a 30-day basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

Rentals: From and to dates are required on all rental billings.

Apnea Monitor and Supplies

| Code Status Indicator | HCPCS Code | Modifier | Description | Do Not Bill With | EPA/PA? | Policy/Comments |
|-----------------------|------------|----------|--|------------------|---------|--|
| # | E0618 | | Apnea monitor, without recording feature. | | | |
| P | E0619 | RR* | Apnea monitor, with recording feature. | | Y | Maximum of six months rental allowed per lifetime. Prior authorization required after the initial 6 months. |
| | A4556 | NU* | Electrodes (e.g., Apnea monitor), per pair. | A4558 | | Purchase only. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 every 30 days. |
| # | A4557 | | Lead Wires, e.g. apnea monitor per pair | | | |
| | A4558 | NU* | Conductive paste or gel. | A4556 | | Purchase only. |
| | E1399 | NU* | Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires). | A4556 A4557 | Y | Purchase only. Bill using EPA #870000904 Limit: 2 every 30 days. |

Legend

D = Discontinued **N** = New **P** = Policy Change **#** = Not Covered
RR = Equipment rental **RP** = Replacement equipment **MS** = Six month maintenance fee
NU = Equipment purchase **TW** = Backup equipment **U2** = Second Ventilator (Backup)
 (Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)
 * = Required modifier

| Code Status Indicator | HCPCS Code | Modifier | Description | Do Not Bill With | EPA/PA? | Policy/Comments |
|-----------------------|------------|----------|-------------|------------------|---------|-----------------|
|-----------------------|------------|----------|-------------|------------------|---------|-----------------|

Continuous Positive Airway Pressure System (CPAP)

| | | | | | | |
|----|------------------------------|-------------------|---|-------------------------|--|--|
| | E0601 | RR * NU* RP | Continuous airway pressure (CPAP) device. | E0470 E0471 E0472 | | <p>Requires results of sleep study performed in an HRSA-approved sleep center.</p> <p>Rental Limit: 1 unit per month, maximum of 2 months rental.</p> <p>Purchase required after 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase.</p> <p>Purchase limit: 1 unit per client, every 5 years with documentation of cost effectiveness prior to replacement. Purchase price is amount allowed after 2 months mandatory rental.</p> <p>Use of RP modifier – the RP modifier allows for the replacement of a CPAP at the end of the five (5) year limit when the machine is no longer functional and/or not cost effective to repair. This eliminates the two (2) month rental requirement for this situation.</p> |
| N# | A7027 K0553 | | Combination oral/nasal mask, used with continuous positive airway pressure device, each | | | |

Legend

D = Discontinued

RR = Equipment rental

NU = Equipment purchase

(Use **TW** in addition to any other required modifier when billing for backup equipment, other than ventilator. For backup ventilators, continue to use modifier U2.)

* = Required modifier

N = New

RP = Replacement equipment

TW = Backup equipment

P = Policy Change

MS = Six month maintenance fee

U2 – Second Ventilator (Backup)

= Not Covered

Oxygen Program

| Code Status Indicator | HCPCS Code | Modifier | Description | Do Not Bill With | EPA/PA? | Policy/Comments |
|-----------------------|---|----------|---|------------------|---------|--------------------------|
| N# | A7028 K0554 | | Oral cushion for combination oral/nasal mask, replacement only, each | | | |
| N# | A7029 K0555 | | Nasal pillows for combination oral/nasal mask, replacement only, pair | | | |
| | A7030 | NU* | Full face mask, used with positive airway pressure device, each. | A7031 | | Limit: 1 every 6 months. |
| | A7031 | NU* | Face mask interface, replacement for full face mask, each. | A7030 | | Limit: 1 every 3 months. |
| | A7032 | NU* | Cushion for use on nasal mask interface, replacement only, each. | A7034 | | Limit: 1 every 6 months. |
| | A7033 | NU* | Pillow for use on nasal cannula type interface, replacement only, pair | A7034 | | Limit: 1 every 6 months. |
| | A7034 | NU* | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. | A7032 A7033 | | Limit: 1 every 6 months. |
| | A7035 | NU* | Headgear used with positive airway pressure device. | | | Limit: 1 every 6 months. |
| | A7036 | NU* | Chinstrap used with positive airway pressure device. | | | Limit: 1 every 6 months. |
| | A4604 | NU* | Tubing with integrated heating element for use with positive airway pressure device. | A7010 A7037 | | Limit: 1 every 6 months. |